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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application of Social Media

10/018/227

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| (Column 1) | | (Column 2) | | SINGLE ENTITY | | SMALL ENTITY | |
|--|-------------|--------------|--|---------------|------|--------------|------|
| FOR | NUMBER FRED | NUMBER EXTRA | | RATE | FEES | RATE | FEES |
| BASIC FEE (37 CFR 1.16(a)) | | | | \$.. | | \$.. | |
| TOTAL CLAIMS (37 CFR 1.16(c)) | minus 20 = | * | | X \$.. = | | X \$.. = | |
| INDEPENDENT CLAIMS (37 CFR 1.16(b)) | minus 3 = | * | | X \$.. = | | X \$.. = | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | | | + \$.. = | | + \$.. = | |

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

| AMENDMENT A | | (Column 1) | (Column 2) | (Column 3) | SMALL ENTITY | OTHER THAN SMALL ENTITY |
|---|--|---|---|------------------|-------------------|----------------------------|
| | | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | RATE |
| Total - (37 CFR 1.16(c)) | | 17 | Minus | 20 | X \$ ____ = | X \$ ____ = |
| Independent (37 CFR 1.16(b)) | | 3 | Minus | 3 | X \$ ____ = | X \$ ____ = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | + \$ ____ = | + \$ ____ = |
| | | | | | TOTAL ADDL FEE | TOTAL ADDL FEE |

| | (Column 1) | (Column 2) | (Column 3) | | | | | |
|---|---|------------|---|------------------|-------------------|------------------------|-------------------|------------------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| | Total (37 CFR 1.16(c)) | Minus | ** | = | X \$ ____ = | | X \$ ____ = | |
| | Independent (37 CFR 1.16(b)) | Minus | *** | = | X \$ ____ = | | X \$ ____ = | |
| | | | | | + \$ ____ = | | + \$ ____ = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | TOTAL AD'L FEE | | TOTAL AD'L FEE | |

FIRST PRESENTATION OF MULTIPLE DISEASES IN A PATIENT WITH SLE

| | (Column 1) | (Column 2) | (Column 3) | | | | | |
|---|---|------------|---|------------------|-------------|------------------------|-------------|------------------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| | Total (37 CFR 1.16(c)) | Minus | ** | = | X \$ ____ = | | X \$ ____ = | |
| | Independent (37 CFR 1.16(b)) | Minus | *** | = | X \$ ____ = | | X \$ ____ = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | | |
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- If the entry in column 1 is less than the entry in column 3, write “0” in column 2.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-850-0100 and select option 2.